

PorkWorks Veterinarian Feedback Form

This form is to be completed by the herd veterinarian.

Veterinarian _____ Veterinarian Phone/Fax _____

Producer _____ Address (Town) _____

Cargill Representative _____ Date of Pig Arrival (Month) _____

Description of Situation

Diagnosis

(Please attach any copies of diagnostic lab records or in-clinic diagnostic work-ups, along with a description of post-mortem findings.)

Treatment, management changes and response

***** Please fax this form to Eric Christianson DVM at 1-641-592-1291 *****